U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1345 V	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization.			
Name WARREN F PARKER	Name SERVICE EMPLOYEES INT L UNION			
	Labor Organization File Number 000/33			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 8048 GRANDVIEW CT	Street 1313 L STREET, NN			
City SPRINGFIELD	City WASHINGTON			
State VIRGINIA ZIP Code + 4 22/53	State DIST OF COLUMBIA ZIP Code + 4 ZOWS			
5 Position in labor organization				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name F				
Trade Name if any				
PO Box Bldg Room No If any				
Street	7 b Amount.			
City				
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed War Flah	On 9/3/05 (202) 898 323 C Date Telephone Number			
Form I M 30 /2003\				

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Name of Person Filing WARREN F PARKER	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Amalgamated Bank	9 Business deals with		
P O Box Bldg Room No If any	a Labor Organization b Trust c Employer		
Street 1825 K Street NN City Washington	[] C Employer		
State DC ZIP Code + 4 Z0006 10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Name			
Trade Name if any P O Box Bldg Room No if any	Provides banking and treasury services for Service Employees International Union		
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	Received holiday gift from bank · dated 12/25/2004		
	12 b Amount 45 77		
C Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
-			
PO Box Bldg Room No If any			
P O Box Bldg Room No If any			

13 b Is the Business an Employer

or Consultant